UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	00862.023281
First Name	d Inventor or Application Identifier
SHUICHI KUMADA	

(Only for new nonpro	visional applications unde	er 37 CFR 1.53(b))	Express Mail	Label No.			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. Fee Transmi (Submit an orig	ttal Form ginal, and a duplicate for fee p	rocessing)	7.	CD-ROM o Program (A		e, large table or Computer	
2. Applicant cla See 37 CFR	ims small entity status. 1.27.		8.		and/or Amino Acid e, all necessary)	Sequence Submission	
3. X Specification	Total Pa	iges 42		a (Computer Readable	e Form (CRF) OLG	
	35 USC 113) Total Sh		·	i. 🗀	ation Sequence Lis	⊃ Z ■	
5. Oath or Decl					paper	g identity of above copies	
a Ne	ewly executed (original or o	copy)			PANYING APPLIC	· · · · · · · · · · · · · · · · · · ·	
	ppy from a prior application r continuation/divisional with		9.		Papers (cover sheet		
i.[DELETION OF IN		10.		(b) Statement e is an assignee)	Power of Attorney	
		the prior application, s	see 11.	·	inslation Documen	t (if applicable)	
6. X Application D	37 CFR 1.63(d)(2) a Data Sheet. See 37 CFR		12.	Information	Disclosure (IDS)/PTO-1449	Copies of IDS Citations	
			13.		Amendment	Cination C	
			14. X		eipt Postcard (MP specifically itemize		
			15.		opy of Priority Doc priority is claimed)	ument(s)	
			16.	Other:			
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17. If a CONTINUING	APPLICATION, check ap	propriate box and su	pply the requisite	e information:			
Prior application information		Continua	ition-in-part (CIP)	of prior app Group/Art U	olication No/_ nit:		
considered a part of the d	DIVISIONAL APPS only: This closure of the accompanying tion has been inadvertently of	ng continuation or divisi	onal application an	d is hereby inco		s supplied under Box 5b, is e. The incorporation can only	
De relied aport when a por	tion has been madverterity t	-	SPONDENCE ADD		 	1	
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below				pondence address below			
NAME		-					
Address					 		
City		State			Zip Code		
Country	_	Telephone			Fax		

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RAT	re	(5) CALCULATION
	TOTAL CLAIMS (37 CFR 1.16(c))	16-20 =	0	X \$ 18.00 =	=	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	. 8-3 =	5	X \$ 86.00 =	=	\$430.00
·	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	=	\$0.00
				BASI (37 CFF	IC FEE R 1.16(a))	\$770.00
			Total of	above Calcula	ations =	\$1,200.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).		
				TO	OTAL =	\$1,200.00
	nall entity status	ntity statement is enclosed	1			
9. Sm a. b.	A small en A small en and desire	ntity statement is enclosed in tity statement was filed in ed.		al application a		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Leonard P. Diana			
SIGNATURE	Sevel P. Jima # 29,296			
DATE	October 28, 2003			